

**Therapeutic Behavioral Services (TBS) Nine Point Plan Implementation  
2010 TBS Certification Checklist  
Level II Mental Health Plans (MHPs)**

**Purpose:** DMH is requiring this document as an indicator of the Level II MHPs' progress toward completing its tasks in accordance with *the Emily Q. v. Bonta* Nine-Point Plan. This information will be used in the DMH report to the public and Federal Court in October 2010. Refer to DMH Information Notice 08-38, and visit the DMH TBS web site for more information:

[http://www.dmh.ca.gov/Services\\_and\\_Programs/Children\\_and\\_Youth/EPSDT.asp](http://www.dmh.ca.gov/Services_and_Programs/Children_and_Youth/EPSDT.asp). If you have any questions or concerns, contact Troy Konarski, Staff Mental Health Specialist, Community Services Division at (916) 654-2643 or [Troy.Konarski@dmh.ca.gov](mailto:Troy.Konarski@dmh.ca.gov) or Sean Tracy, Assistant Deputy Director, Community Services Division at (916) 651-1281 or [Sean.Tracy@dmh.ca.gov](mailto:Sean.Tracy@dmh.ca.gov).

**Directions:** For 27 Level II Counties Only: Complete the following table with the status of your efforts pertaining to the TBS Certification Criteria and Equivalency Services. Submit to [TBS@dmh.ca.gov](mailto:TBS@dmh.ca.gov) by October 22, 2010.

County MHP: \_\_\_\_\_

MHP Contact (name, title, phone, e-mail): \_\_\_\_\_

<b>No.</b>	<b><u>Specific Criteria for TBS Certification</u></b> <b><u>LEVEL II</u></b>	<b><u>Status</u></b>	<b><u>Comments (Please add additional pages if necessary)</u></b>
1.	MHP has completed the requirements for stakeholder and decision maker meetings in 2009 – 2010.	Yes: ____ No: ____	
2.	MHP has reached the four percent benchmark for TBS utilization by December 2010.	Yes: ____ No: ____	
2a.	MHP is on a trajectory to achieve the 4% benchmark no later than June 30, 2012.	Yes: ____ No: ____	
3.	MHP has identified equivalent services to be counted toward the 4% benchmark.	Yes: ____ No: ____	
3a.	Have you reviewed the TBS Equivalency Criteria? (see DMH website address above for details)	Yes: ____ No: ____	
3b.	Are you interested in the Special Master conducting a TBS Equivalency Evaluation?	Yes: ____ No: ____	If <b>Yes</b> , contact Special Master, Richard Saletta at <a href="mailto:rsalpham@sbcglobal.net">rsalpham@sbcglobal.net</a>
4.	MHP has implemented quality TBS as described by the Nine Point Plan and evidenced by all of these factors: <ul style="list-style-type: none"> <li>○ fidelity to TBS best practices</li> <li>○ participation in local or state TBS training</li> <li>○ use of TBS Documentation Manual and Coordination of Care Best Practices Manual</li> <li>○ family and youth participation in local TBS meetings</li> <li>○ use of TBS data to evaluate service access and utilization.</li> </ul>	Yes: ____ No: ____	
5.	MHP has accurately employed procedure codes, cost reports and billing for TBS services.	Yes: ____ No: ____	
6.	MHP has engaged the key local stakeholders about TBS (providers, consumers, family & youth, and local community leaders).	Yes: ____ No: ____	
7.	MHP has demonstrated a commitment to outreach to provide TBS training to, and engage with professional staff, contract providers, family & youth, & local community leaders.	Yes: ____ No: ____	

9/21/2010

